



**THIS APPLICATION MUST
BE FILED WITH THE TOWN OF
RAMAPO ASSESSOR ON OR BEFORE
MARCH 1**

NYS BOARD OF REAL PROPERTY SERVICES RP-467-Rev. (10/03)

**RENEWAL APPLICATION FOR PARTIAL TAX EXEMPTION
FOR REAL PROPERTY OF SENIOR CITIZENS
(AND FOR ENHANCED SCHOOL TAX RELIEF (STAR) EXEMPTION)**

To be filed with your local assessor by Taxable Status Date
Do not file this form with the State Board of Real Property Services.

Name and address of applicant

Telephone No.
Day () _____

Evening () _____

1. Property identification (see tax bill or assessment roll)
Tax map number or section/block/lot _____
2. Since filing your application last year, fully describe in the lines below any changes in:
 - a. title to the property (due to death, addition or deletion of owner).
 - b. legal residence or occupancy of the property (e.g. confinement of owner in hospital or nursing home, divorce, legal separation or abandonment by spouse).
 - c. use of residence for other than residential purposes (store, office, farm, etc.).
 - d. also state whether any children of owners, tenants or leaseholders living on the premises attend public school grades K-12, and, if so, give the name and location of the school or schools.

Check here if there has been no change in items, a, b, c and d above.

Explanation of changes that have occurred as indicated in Question #2 (attach additional sheets if necessary).

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3. Did the owner or resident spouse file a federal or New York State income tax return for the preceding year? Yes No

IF YES, attach a copy of the return(s)

4.a. The income of each owner and spouse of each owner for the calendar year immediately preceding the date of application must be set forth on following page, except for an owner who is absent from the residence due to divorce, legal separation or abandonment. Attach additional sheets if necessary: Income does **NOT** include gifts, inheritances, a return of capital, reparation payments to victims of Nazi persecution, or monies earned through employment in the Federal Foster Grandparent Program. Note that if your income exceeds the locally applicable income ceiling, your application will be considered for enhanced STAR purposes. However, if you have not submitted income information for the year required for enhanced STAR purposes, you may need to submit form RP-425.

Name of owner(s)	Source of income	Amount of income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of resident spouse(s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

4.b. Subtotal of Income of Owner(s) and Spouse(s) \$ _____

4.c. Of the income in 4.b., how much, if any, was used to pay for an owner's care in a residential health care facility? Please attach proof of amount paid; enter zero if not applicable \$ _____

4.d. [(4.b.) minus(4.c.)] \$ _____

4.e. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located (contact assessor for information), complete the following:

(i) Medical and prescription drug costs; \$ _____

(ii) Subtract amount of (i) paid or reimbursed by insurance; \$ _____

(iii) Unreimbursed amount of (i) (attach proof of expenses and reimbursement, if any; enter zero if option not available); \$ _____

Subtotal income of owner(s) and spouse(s) [4.d. minus 4.e. (iii)] \$ _____

4.f. If a deduction for veteran's disability compensation is authorized by any of the municipalities in which property is located, complete the following:
 Veteran's disability compensation received \$ _____
 (attach proof; enter zero if not applicable)

Total income of owner(s) and spouse(s) [4.e. minus 4.f.] \$ _____

5. Certification
 I certify that all statements made on this application are true and correct to the best of my belief. I understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years and a fine of not more than \$100.

Signature (If more than one owner, all must sign)	Marital Status	Phone No.	Date
_____	_____	_____	_____

Space Below for use of Assessor

Date Renewal Application Filed _____	Application Approved <input type="checkbox"/>	Application Disapproved <input type="checkbox"/>
Exemption Applies to Taxes Levied by or for	<input type="checkbox"/> Town ___%	<input type="checkbox"/> County ___%
	<input type="checkbox"/> School ___%	<input type="checkbox"/> Village ___%
Assessor's Signature _____	Date _____	

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Town of Ramapo

STATEMENT OF INCOME FOR 2006

NAME OF OWNER OR OWNERS _____
 SWIS CODE _____ SECTION _____ PLOT _____

APPLICANT MUST CHECK ALL APPROPRIATE SOURCES OF INCOME AS LISTED BELOW FOR THE PRIOR YEAR (2006) AND ENTER AMOUNTS. **PROOF OF ITEMS CHECKED MUST ACCOMPANY THIS STATEMENT.** IF YOU FILED A FEDERAL AND/OR STATE TAX RETURN, **A COPY OF THE FEDERAL RETURN IS REQUIRED.** PLEASE FILE THIS FORM TOGETHER WITH APPLICATION.

<u>SOURCE OF INCOME</u>	<u>YES</u> <u>NO</u>	<u>AMOUNT</u>
1. SOCIAL SECURITY	___ YES ___ NO	1. _____
2. BONUSES	___ YES ___ NO	2. _____
3. SALARY OF WAGES, INCLUDING ANY PART-TIME EMPLOYMENT	___ YES ___ NO	3. _____
4. INTEREST	___ YES ___ NO	4. _____
5. NON-TAXABLE INTEREST ON STATE & LOCAL BONDS	___ YES ___ NO	5. _____
6. TOTAL DIVIDENDS	___ YES ___ NO	6. _____
7. NET RENTS PLUS CURRENT DEPRECIATION	___ YES ___ NO	7. _____
8. CAPITAL GAINS	___ YES ___ NO	8. _____
9. GAINS FROM SALES OR EXCHANGES	___ YES ___ NO	9. _____
10. NET INCOME FROM ESTATES OR TRUSTS	___ YES ___ NO	10. _____
11. NET EARNINGS FROM BUSINESS PROFESSION	___ YES ___ NO	11. _____
12. NET FARM INCOME	___ YES ___ NO	12. _____
13. MONIES RECEIVED FROM GOVT'L OR PRIVATE RETIREMENT OR PENSION	___ YES ___ NO	13. _____
14. ALIMONY OR SUPPORT MONEY	___ YES ___ NO	14. _____
15. DISABILITY PAYMENTS	___ YES ___ NO	15. _____
16. WOMEN'S COMPENSATION	___ YES ___ NO	16. _____
17. ANNUITY PAYMENTS	___ YES ___ NO	17. _____
18. UNEMPLOYMENT INSURANCE	___ YES ___ NO	18. _____
19. UNEMPLOYMENT INSURANCE	___ YES ___ NO	19. _____
20. OTHER	___ YES ___ NO	20. _____
21. TOTAL	___ YES ___ NO	21. _____

SIGNATURE (If more than one owner, all must sign)

_____ DATE _____

_____ DATE _____

APPLICATION SHOULD BE FILED BY MARCH 1ST AT THE OFFICE OF THE ASSESSOR, RAMAPO TOWN HALL, 237 ROUTE 59, SUFFERN, NY 10901